

**Calciophylaxis causes recurrent pancreatitis**



*To the Editor:* We read with interest the case report submitted by Sabanis et al<sup>1</sup> titled *Sodium Thiosulfate in Calciophylaxis: Make a Long Story Short*. The authors discussed the differential diagnosis of systemic calciophylaxis. They agree that the histopathologic findings in our case, in particular the presence of extensive mural calcifications with no evidence of vasculitis, excludes the diagnosis of enzymatic panniculitis/pancreatic fat necrosis. The relapsing nature of the disease and the response to sodium thiosulfate clearly favors calciophylaxis. There were no clinical manifestations of cholesterol emboli. There was no evidence of a lymphoplasmacytic infiltrations on biopsy or any mass effect on computed tomography scan, which may be seen in IgG4-related disease.

The case that they present is remarkably similar to our case, suggesting a common etiology is present. In both cases, the patient was receiving ongoing hemodialysis and had recurrent pancreatitis and severe skin ulcerations that resolved after administration of sodium thiosulphate. In their case, they proceeded to technetium (Tc)-99m bone scintigraphy, which supported their clinical diagnosis. As referenced, Tc-99 bone scintigraphy is found to be a highly sensitive and specific alternative for the diagnosis of calciophylaxis.

These 2 cases support our clinical hypothesis that calciophylaxis causes recurrent pancreatitis, and such patients should receive a trial of sodium thiosulfate.

Since our original case report, we have successfully treated another hemodialysis patient with recurrent abdominal pain who had cutaneous calciophylaxis with sodium thiosulphate. This patient had complete resolution of the abdominal symptoms.

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**REFERENCE**

1. Sabanis N, Paschou E, Zagkotsis G. Sodium thiosulphate in calciophylaxis: Make a long story short. *JAAD Case Rep.* 2019;5(1): 19-20.

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